STATEMENT OF ORGANIZATION		UFFICE USE	1
1. Name and Address of Committee	2. Date of this Statement	PAC	
La Psychological PAC PUBOX 80053	1-22-15	\$10	
0101/80053	3. Estimated Membership	1/24	5
P 1 0 10 10 10 10 89 8	300		5000
Check It: Borton Rouge LA 70898	4. Amended Statement?		
New Committee Monthly Filer	YesNo	# 896 508	
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)			
a. Name b. Position c. Address			
Dr. Kim VAn GE FERN - 145 Robert E. Lee Blud, New Orleans 470124 Suite 300			
Dr. Carolyn Waymod 1307 Alexo Antonine Street New Orleans, LA 70115			
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)			
a. Name b. Address		c. Relationship to Committee	1
Louisiana Bychological Association P.O. Box 80053 Parent Buton Raige, LA 70898			
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)			
a. <u>Name</u> b. <u>Address</u>			
Chase Bunk 7171 Corporate Blud Buton Rouge, LA 70809			
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee			
b. Name of Candidate		c. Office Sought by the Car	ndidate
9. a. Name of Person Preparing Report Eacl Willis b. Daytime Telephone 225-454-2289		Section of the sectio	25 (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.			
This 23 day of January, 201	5	ده ی سفد	
Signature of Committee Chairperson Signature of Committee Chairperson Signature of Committee Chairperson Signature of Committee Chairperson Signature of Committee Chairperson			
Signature of Committee Treasurer, if any	Day	rtime Telephone Number	